KENTUCKY 2006-2010 TITLE V NEEDS ASSESSMENT

As part of the federal Title V requirement a comprehensive statewide needs assessment was conducted in Kentucky to identify the need for:

- Preventive and primary care services for pregnant women, mothers, and infants
- Preventive and primary care services for children
- Services for children with special health care needs

This needs assessment includes descriptions of methods to: assess needs, examine capacity, select priorities, set targets, identify activities, allocate resources, and monitor progress. This Title V needs assessment describes the process to conduct the needs assessment, the methods used for partnership building, collaboration and the assessment of the maternal and child health population groups. Furthermore, it describes and assesses Kentucky's capacity to address the needs of the maternal and child health population and discusses the state's maternal and child health priorities.

Children with Special Health Care Needs Statewide Needs Assessment

Information for the Children with Special Health Care Needs Assessment was gathered from a statewide family survey with the assistance of KY Special Parent Involvement Network (KY-SPIN), our family advocacy partner. Though the survey was launched as a web-based instrument, the Commission followed the recommendation of KY-SPIN and made paper copies available. Information provided in this report only includes results from the on-line survey. We will update this information with HRSA once all responses submitted on paper have been summarized.

While the on-line survey was available at all 14 Commission district offices and staff were asked to encourage families to complete the survey, we hoped to have greater participation from families of special needs children who were not enrolled in the Title V medical program.

The survey was designed to solicit information about several issues:

- Understanding of and linkage to a medical home
- Access to specialty care
- Access to care
- Degree of satisfaction with existing care
- Perceived unmet needs
- Understanding of progress with transitions

Survey Results

- 96% of respondents have a PCP
- 42% has seen their PCP up to 3 times during the past 12 months; 38% have see their PCP 4 – 7 times during the past 12 months

- 54% indicate their PCP discusses the comprehensive needs of their child
- 42% of respondents who are CCSHN clients report that their PCP is aware that they receive services from the Commission; 4% report that their PCP is not aware that they receive services from the Commission
- 21% of respondents who are CCSHN clients report the Commission provides up to 25% of their child's medical care; an additional 21% indicate CCSHCN provides 26 - 50% of their child's care; 4% indicated 76-100% of their child's care is provided by CCSHCN
- 42% reported having taken their child to the emergency room during the past year; 50% of those visits were directly related to the child's special health care needs
- 54% reported having private insurance
- 29% reported having public/government insurance
- Given an array of services care coordination, dental, hearing aids and mental health were least likely to be covered by respondents' health insurance
- 38% travel 1 -25 miles to obtain specialty care; 25% travel 26-50 miles, 25% travel more than 75 miles
- 96% use family's private auto
- Recreation (38%) was the top unmet need followed by respite (29%), education and health care (21% each) and transportation (13%)
- Most "other" comments regarding unmet needs involved mental health issues, particularly autism
- 21% reported that their PCP had not helped them to prepare to transition to adult providers; 79% reported that this was not age appropriate
- 21% have selected an adult-focused doctor; 75% reported that this was not age appropriate
- 21% report that their child talks with the doctor about his or her condition
- 8% keep a summary of his/her medical condition and health care providers with them in case of an emergency
- Only 17 % of responses related to children 14 -18+ years of age

- 29% report that they are very satisfied with services they receive from their PCP in the past 12 months; 33% were somewhat satisfied; 17% satisfied; 21% somewhat dissatisfied
- 25% report that services they receive are always organized in a way that makes them easy to use; 33% usually; 33% sometimes; 8% never
- 21% report doctors or other health care providers are always sensitive to the family's values, customs, needs, and situation; 50% usually; 17% sometimes; 13% never
- 8% report that always receive specific information (such as causes of health problems, how to care for the special needs child now and what changes to expect in the future) from the child's doctor and other health care providers; 33% usually; 25% sometimes; 33% never
- 42% reported that their special needs care doctors or other health care providers always help them feel like partners in his/her care; 25% usually; 17% sometimes;17% never

The survey also provided respondents the opportunity to tell us what would help to improve the health care their special needs child receives when visiting their primary care physician. Some of the responses follow:

- "To better understand the difficulty of abnormally long waiting periods on top of high fear and anxiety of doctor's office. If a child could move quickly in and out, they [would] be more compliant and receive a higher level of cooperation for care."
- "If the primary care doctor would listen more to me as a parent, and could help with services needed."
- "If more primary care physicians took Medicaid as a co-payment along with our main insurance provider. It is difficult to find a PCP that will take Medicaid or use it as a supplemental insurance."
- "Not having to explain/justify requesting screenings (labs, x-rays, etc) that are actually recommended for children with my daughter's disability."
- "More time with the doctor so he can explain things."

- "More info about condition"
- "Medication management"
- "PCP's don't seem to see the importance of other healthcare professionals, i.e.…physical therapists, psychiatrists, etc… better education to the pediatricians on these needs would be helpful…also, being able to access these professionals without having the pediatrician initiate it would be helpful"
- "More knowledge of autism and more help finding available services and therapy." This sentiment was expressed numerous times.
- "PCP needs to have an understanding of child's condition and medicines, etc. side-effects."
- "A knowledgeable physician in my area would be a start."
- "If they would listen better."

Regional Managers and their staff were also given detailed county specific information related to their districts about income and poverty levels, educational attainment levels, grandparents as caregivers, drop out rates, Head Start participation, preschooler, statewide availability of pediatric specialists, and statewide availability of primary care physicians. This information is being used to initiate discussions about future collaboration and partnerships within the community.

The Commission for Children with Special Health Care Needs is committed to the principles of cultural competency and sensitivity. Information about cultural diversity and what it means to be culturally sensitive is included in the Commission's orientation packet for new employees. All staff is required to attend training, provided by the Commission's training staff, every 2 years and have access to a wide variety of resources organized and maintained by Commission staff. Our Title VI coordinator has worked diligently to have many signs, e.g. women's/men's bathroom, wheelchair accessible, no smoking, etc and agency documents are translated into Spanish. Contracts for translation services are maintained and routinely used to assist non-English speaking families apply for and receive services. Limited English proficiency will not pose a barrier to accessing care at the Commission.

Kentucky Department for Public Health Title V Needs Assessment

Needs Assessment Process

Information for the needs assessment was gathered from:

- Input from health and social service providers through Title V MCH Needs Assessment Steering Committee meetings;
- Input from health and social service providers through a survey distributed during the Public Health Education Summit to local health department health care professionals and through a mass mailing to local health department nursing and administrative directors and health officers; university and private partners and other maternal and child health interested parties;
- Community forums held statewide to address obesity and physical activity;
- Community workgroups to review the current early childhood system of care;
- Community forums held statewide to address early childhood systems of care;
- Title V presentations and survey distribution to maternal and child health advisory and work groups including the Kentucky State Child Fatality Review Team, the Childhood Lead Poisoning Prevention workgroup and the Kentucky Birth Surveillance Registry Advisory group; and
- Review of Statewide data sources pertaining to the numbers and distribution of health care professionals and statistics about health, education, etc.

Currently Kentucky lacks the infrastructure necessary to allow data sharing across programs but the information gathered from the above resources provided a very clear picture of the current health care system and the multiple visions of the ideal that is constantly evolving.

As was stated in the 2000 Title V MCH Needs Assessment document, as the Title V Director, Dr. Steve Davis is actively engaged in routine assessment of the health care delivery system and the status of women and children in Kentucky. Dr. Davis is closely involved with numerous partnerships and meetings throughout the year, such as the Kentucky Medical Society, Kentucky Pediatric Society, Kentucky Perinatal Association and the Kentucky Association of Health Department Directors. This information, added with legislative issues and concerns, citizen comments and issues, discussions with the leadership of the Cabinet for Health and Family Services and the Department for Public Health make limiting priorities very difficult because each health issue is important. They are each pieces and parts that make up the sum total of health and well being for all of Kentucky's citizens.

The Kentucky Title V MCH Steering Committee was assembled and began meeting in October 2003. Membership included broad representation from local health departments, community health centers, the dental and medical provider community, nursing, Medicaid, Universities, and private partners, as well as staff from various maternal and child health-related program areas within the Department for Public Health.

The Steering Committee was welcomed by Linda Lancaster, MCH Branch Manager and Dr. Davis discussed the "Vision of Title V for 2005". Next, an overview of the steering committee's role was presented to the group. They were provided current MCH data information, national MCH performance measures, Kentucky's current state selected performance measures, and a listing of public health issues that addressed current public health trends. The committee was then charged with the task of prioritizing these issues that impacted current public health trends. Small group assignments were made to include members from a wide variety of disciplines and vast expertise.

Four groups assessed obesity issues and nutrition and the focus on partnerships (local and state), funding, and services as the priority MCH needs for Kentucky.

Three groups identified the following issues as priority needs:

- Increase MD participation, access, training, and presumptive eligibility;
- ESL (English as a Second Language) population issues: language, health access; education levels;
- Support services to new mothers: breastfeeding, knowledge of early development, home-visitation for second child;
- Newborn screening expansion; and
- Address high risk adolescent behaviors

Two groups identified the following issues as the state's priority MCH needs:

- Low birth weight and prematurity services to help reduce risk;
- Decrease smoking and substance abuse in teens, moms, and pregnant women;
- Increase immunizations;
- Improve data collection: out-of-state reporting and sharing with partners;
- Increase newborn hearing screenings;
- Increase oral health access;
- Increase funding and resources including access to care; and
- Increase mental health services to children.

One group identified the following issues as the state's priority MCH needs:

- Decrease the prevalence birth defects based on geographical analysis of registry data;
- Increase services for high risk mothers, including case management; increase MD access for this population; funding for equipment;
- Increase behavioral health access and qualified personnel;
- Kentucky Children's Health Insurance Program (KCHIP) issues: co-pays, PCP assignments;
- Transportation to medical providers;
- More community assessment profiles;
- Adult lead screening for women of childbearing age; and
- Child injury prevention.

In March 2004, the KIDS NOW! Early Childhood Initiative began reviewing the 20 year Comprehensive Early Childhood Plan. Individuals and organizations that had been involved in the development of the original plan were called back to the table and charged with the tasks to review, revise, delete or add as new information and data had been made available. A summary of each workgroup follows.

Assuring Maternal and Child Health

The Assuring Maternal and Child Health, 2004 Work Group submitted the following strategies/recommendations to enhance the goals set forth in Kentucky's 20 Year Comprehensive Early Childhood Plan. These enhancement strategies are divided into two areas: Preconceptional and Prenatal Health and Early Childhood Health. These new/enhanced strategies build on the following three goals as outlined in the 20 Year Plan:

1. Babies are born healthy.
2. Babies and families go home to a supportive environment, knowing where they can obtain needed services.
3. Children's basic physical and health needs are met.

The recommendations of the 2004 Work Group are outlined below.

Preconceptional and Prenatal Health

Strategy: Educate primary health care providers about using the American College of Obstetricians and Gynecologists (ACOG) guidelines for health screening of women of childbearing age (15-44) to include:

- Reproductive awareness
- Medical diseases (counsel regarding effects on future pregnancies)
- Infectious diseases (counsel, test, or refer), including oral health
- Teratogens/genetics (counsel regarding effects on future pregnancies)
- Behavior (counsel regarding effects on future pregnancies)
- Social support
- Domestic Violence

Strategy: Expand school health education curriculum to require one full credit in elementary, middle and high school. Include information on the 8 Components of coordinated school health.

Strategy: Enhance public awareness of contributing causes to low birth weight and preterm delivery and address the racial disparity in birth outcomes and infant mortality.

Strategy: Reinstitute Healthy Babies and add information about oral health.

- Publish information on a dynamic and informative web site and CD Rom rather than reproducing more books.
- Explore private sector partners for this initiative.

Strategy: Increase awareness of the benefits of breast-feeding.

Strategy: Increase access to school-based clinics and nurses.

Strategy: Increase awareness about nutrition and fitness and the relationship to obesity and chronic disease.

Early Childhood Health

Strategy: Make widespread community-based parent education available about injury prevention, early childhood caries, building on existing resources.

- Train mentor moms in low-income neighborhoods.
- Increase public awareness about nutrition and fitness and the relationship to obesity and chronic disease.

Strategy: Encourage schools to enhance access to healthy nutrition choices at school.

Strategy: Enhance parent-teacher information sharing to include information about:

- Oral health
- Developmental stages
- Early literacy
- Vision exams
- Immunizations
- Lead testing
- Physical activity
- Hearing health and exams
- Nutrition
- Injury prevention
- Mental Health
- Behavior/social emotional health

Strategy: Increase awareness of the Devereaux Early Childhood Assessment (DECA) tool.

Strategy: Promote required child restraints (booster seats) for children 4-6 years old.

Strategy: Increase the number of newborn metabolic screens at a minimum to include: MCAD, VLCAD, SCAD, maple syrup urine disease, congenital adrenal hyperplasia, biotinidase disorder, and cystic fibrosis.

Strategy: Increase the number of lead screens for one and two year olds according to the Public Health Practice Reference (PHPR) guidelines and move toward targeted screening.

Supporting Families

The Supporting Families, 2004 Work Group submitted the following strategies/ recommendations to enhance the outcomes/strategies set forth in Kentucky's 20 Year Comprehensive Early Childhood Plan. These recommendations with new/additional strategies are outlined below.

Outcome 1. Families have access to resources that promote a high standard of living.

Strategy: Change the state tax code to allow families to use tax credits for dependent children, and provide a tax credit for completion of an approved parent education class.

Work group recommendations:

- Develop a plan/process and determine a lead agency to initiate the process.

Strategy: Support local literacy public awareness campaigns and collaborate with existing efforts to encourage the development of family literacy programs at child care facilities, schools, libraries, and in other community settings.

Work group recommendations:

- Continue public awareness efforts – promotion and coordination of efforts.
- Target unserved and underserved populations and areas.
- Continuation of Literacy Partnership with wider dissemination of annual report, including a website.
- Continuation of Literacy Summit.
- Expand book give-away program with distribution through physicians' offices, local libraries, the Kentucky State Fair, or other community events.

Strategy: Provide ready access to, training in, and use of current technology for every Kentucky family.

Work group recommendations:

- Conduct survey to determine existing efforts.

Strategy: Provide a network or a means of transportation that is available to all Kentucky families.

Work group recommendations:

- Conduct survey to determine existing efforts.
- Develop a system of coordination of efforts.

Strategy: Provide adequate and effective mental health and substance abuse prevention and treatment services.

Work group recommendations:

- Support and coordinate with the Kentucky Mental Health Coalition.

Strategy: Under the direction of the Attorney General's office, collaborate to increase existing child support collections from non-custodial parents, meet family needs through

the Family Court system, and offer child-focused training to court officials in child attachment, child development, and parent-equity issues.

Work group recommendations:

- Expand Family Count to all Kentucky counties.
- Increase public awareness of child support rights.
- Outcome 2. All parents have the information and support they need to give their children the best start in the home environment.

Strategy: Develop or build on existing family education curriculum, and with parental consent, mandate its study by high school students. Include it as a part of Kentucky's statewide student testing program.

Strategy: Offer parenting and family issues classes for teens in community settings such as youth groups, libraries, and the YMCA.

Strategy: Provide a continuum of parent-education classes, beginning with prenatal education, in which family members can learn about a child's physical, emotional, social, intellectual, and spiritual needs.

Work group recommendations:

- Conduct impact study of effectiveness of parenting education classes.
- Need to explore what is already happening.

Strategy: Provide information on parenting and child development as part of regular medical and well-child visits.

Work group recommendations:

- Promote consistent use of American Academy of Pediatrics' anticipatory guidance for child development standards across the medical field.
- Add American Academy of Pediatrics link to KIDS NOW website.

Strategy: Promote comprehensive public awareness campaigns at local and state levels on the importance of early childhood issues, the implications of early development and the importance of parents' nurturing young children.

Outcome 3: All parents have access to community support in the home environment.

Strategy: Build the capacity and coordinate a network of agencies and trained professionals to provide respite in-home child care to children with special care needs.

Strategy: Encourage employers to adopt family-friendly policies.

Work group recommendations:

- Strengthen leadership of KIDS NOW Business Council.
- Community ECH Councils – more effort to connect to businesses.

Enhancing Early Care and Education

The Enhancing Early Care and Education, 2004 Work Group submitted the following strategies/ recommendations to enhance the outcomes/strategies set forth in Kentucky's 20 Year Comprehensive Early Childhood Plan. These recommendations with new/ additional strategies are outlined below.

Outcome 1: Early Care and education, as well as school-age child care services are comprehensive, collaborative, and coordinated within communities.

The following strategies are in process and should be continued:

Strategy: Provide technical assistance to upgrade program quality through local child care resource and referral agencies.

Comments: Include Technical Assistance for programs needing assistance with licensing deficiencies, TA to help programs with curriculum, and TA to focus on early literacy and social/emotional aspects of curriculum.

Strategy: Establish collaborative partnerships at the community level among child care, Head Start, and public preschool programs that assure the availability of quality, comprehensive services in one location.

Comments: Continue to showcase where community collaborative partnerships are working; incorporate Early Learning Standards and the Quality Self-Study into TA and into partnerships.

Outcome II: All early care and education is of high quality and based on research.

The work group recommends the following three strategies under Outcome II and urges that they be given high priority:

Strategy: Merge certification and licensing standards with STAR standards to provide a continuum of quality in centers and homes. Standards above minimum certification/ licensing standards should continue to be voluntary and continue to generate financial incentives and quality rewards for programs achieving them. (This new strategy builds on the existing strategy outlined in the original 20 Year Plan: Establish a Four Star System of child care standards for all early care and education programs, including those for school age children.)

Comments: This will assure the long-term continuity of the quality rating system and provide the continuum of quality that is the intent of the STARS system. Merging these standards will encourage greater program participation and will be more efficient to administer. We also encourage the development of regulations and STARS standards for school-age care.

Strategy: Increase in-service training requirements by (1) supporting, maintaining and increasing the credentialing system, including the coordination of all in-service with other appropriate agencies, and (2) requiring annual in-service training on the behavior and development of very young children for all providers working with children under the age of six. (This new strategy represents a merger of the existing strategies outlined in the original 20 Year Pan: Increase in-service training requirements and develop a clearly defined in-service training system that is linked to the early childhood credentialing system; Require annual in-service training on the behavior and development of very young children for all state-paid providers who work with children up to five years old; and , Coordinate all in-service training with the early childhood credentialing system and with other appropriate agencies.)

Comments: The training and credentialing system is having significant impact on the quality of training that early care and education staff receive. This translates into increased quality of services for Kentucky's youngest children.
The 12 hours of annual training should be in at least 3 core areas – i.e. - spread over core content. Training systems should emphasize importance of the director's follow-up on professional development plans. Training should continue to move from the "one-shot" training to a series.

Strategy: Establish state-funded health insurance for staff members in child care programs that serve a certain number of subsidized children.

Comments: This strategy has not yet been started. Lack of health insurance for child care staff is one of the key reasons for employee turnover. Having access to affordable health insurance will directly impact the quality of staff, their longevity, and the quality of early care and education that Kentucky's young children receive.

Additional recommendations:

The following strategies are in process and should be continued:
Strategy: Tie subsidy rates to the number of stars a program achieves.

Strategy: Develop a coordinated database for all licensed or enrolled child care settings, including school age care, to track use, quality indicators, geographic distribution, and similar information.

Comments: Continue development of data systems that "talk" to each other; explore sharing of quality rating results with TA staff.

Strategy: Require all relative and enrolled providers who receive government funds to obtain orientation training within three months of beginning to care for a child receiving a subsidy and to have a home inspection to assure compliance with basic health and safety standards.

Comments: Require additional training for registered relative/enrolled providers, including information on child development. Explore partnerships for home inspections.

The following strategies have been completed/established and should continue:

Strategy: Enhance the effectiveness of regulations by developing reasonable penalties for persistent violators and sanctions for licensed programs with serious deficiencies.

Strategy: Develop an early care and education credentialing system that allows providers to obtain credentials at different levels.

Strategy: Provide scholarships to recruit individuals entering postsecondary institutions into early care and education training.

Strategy: Provide scholarships to upgrade the credentials of people currently working in the field and to help retain their services.

Comments: The Authority and the STARS Advisory Committee should continue to monitor results of these strategies, include how long those completing CDAs and other credentials remain in the field.

The following strategies have not yet been started and should be continued:

Strategy: Pay a differential rate to relative and enrolled providers who obtain additional training each year.

Comments: Consider incentives for relative/enrolled providers other than rate differential.

Strategy: To retain the services of early childhood workers, provide pay raises in recognition of continued professional development and consistent service.

Comments: Delete the word "workers" and insert "early care and education professionals." Discuss with the UK evaluation team ways to determine how the incentives are used.

Outcome III: Families can find and access appropriate early care and education services to meet their needs.

The work group recommends the following three strategies under Outcome III and urges that they be given high priority:

Strategy: Emphasize ways to accommodate the needs of young children with disabilities in community-based child care.

Comments: This issue has surfaced in every meeting and forum work group members have attended, and is a recommendation included in the KIDS NOW Evaluation Report prepared by the University of Kentucky and the University of Louisville.

Strategy: Include resources to address language and/or cultural needs of families and children receiving services." (This new strategy builds on the existing strategy outlined in the original 20 Year Plan: Encourage the development, expansion, or improvement of early education services.)

Comments: Kentucky families are becoming more diverse, and language/cultural barriers may prevent children from receiving needed services.

Strategy: Expand the availability of affordable early care by increasing the subsidy eligibility level for families from the current levels. (This new strategy is a modification of the existing strategy outlined in the original 20 Year Plan: To expand the availability of affordable early care, increase the subsidy eligibility level for families from 160 percent of the federal poverty level to 185 percent of poverty by July 1, 2000 and to 200 percent of poverty by July 1, 2001)

Comments: The goal should be to continue upward movement until 200% of poverty is reached. We strongly urge that this strategy be given a high priority.

Additional recommendations:

The following strategies are in process and should be continued:

Strategy: Increase infant subsidy rates to encourage more child care programs to offer infant care.

Comments: Include this strategy in the STARS incentives, and review its effectiveness within the market rate survey.

Strategy: Establish Family Resource Centers in all schools with a demonstrated need to allow the development of before- and after-school care programs as needed by individual communities.

Comments: The recommendation to for before and after-school care in Family Resource Centers is in addition to the current standards for establishing FRYSC's.

The following strategy should be retained and modified to read

Strategy: Conduct a public awareness campaign to let families know about the availability of quality Early Care and Education services (subsidy, STARS for KIDS NOW, Early Learning Standards, etc.), linking together all Early Care and Education programs and recognizing the importance of early brain development. Include all community partners in the distribution of Public Relations strategies and materials.

Comments: The implementation of a broad PR campaign will heighten the public's awareness of the importance of quality early care and education services and should help the public focus on the linkages among all early care and education providers.

The KIDS NOW! Early Childhood Initiative held community forums in September 2004 to receive input from parents and other interested individuals as part of the review of the 20 year Comprehensive Early Childhood Plan.

Compilation of Comments from Community Early Childhood Forums

Assuring Maternal and Child Health

Healthy Babies Campaign:

- Expand to cover all areas of state

Folic Acid Campaign:

- More awareness – follow-up

Substance Abuse Treatment Program for Pregnant and Post-partum Women:

- More awareness of program

Universal Newborn Hearing Screening:

- Working well

Immunization Program for Underinsured Children:

- Expand

Eye Examinations For Children:

- Working well

Oral Health Education and Prevention Program:

- Varnish education
- More dentists available
- Train teachers to recognize signs of poor oral health

Other:

- Increase metabolic screens for newborns
- Statewide Public Awareness campaigns focusing on Parents
    - Consumer education for parents
    - Training for parents – before becoming a parent
- Education for Doctors
- Smoking cessation programs for women
- Early childhood obesity

Supporting Families

HANDS Home Visiting Program:

- Program for all, not just first time families
- Increase the age to 3
- Transition is not smooth – what does a child do next?

Early Childhood Mental Health Program:

- Referrals take long period of time
- Not enough professionals to follow-up with children needing services

Children's Advocacy Centers:

- Lack of awareness and services provided by centers

Other:

- Universal health care
- Health insurance for all
- Extended Doctor hours for families
- Break in continuation of services – after HANDS, First Steps (transition issue)
- Transportation issues – public transportation, vouchers, etc.
- Awareness of KIDS NOW initiative
- More information in Spanish
- Parent education – job skills and parenting skills
- High school classes focusing on early care and education – child development

- Focus on literacy – parent and child
- One-stop information for families – families have access to information in one place
- Custodial grandparents – should be able to qualify for subsidy, etc.
- Focus on post-partum depression – women's mental health.
- Gaps for the working poor.
- Increase parent involvement – parent voice

Enhancing Early Care and Education

Access to Child Care Subsidy:

- Children receiving subsidy need to have access to STAR rated centers/homes
- Increase FPL % - allow more people to qualify
- Increase STARS incentives to centers serving high numbers of subsidy children

STARS for KIDS NOW:

- More Money – increase payments for STARS
- Make STARS mandatory
- Make STARS mandatory for programs serving subsidy children
- Community Awareness - Increase Publicity – especially focus on parents

Scholarship Fund for Child Care Providers:

- Need incentives to keep personnel in the field after they obtain degree
- Funding for those who have degree
- Available for graduate programs also
- More than 9 hours

Increased Licensing Personnel:

- Need more surveyors

Healthy Start in Childcare:

- More successful in certain areas – home-base county
- Full time – instead of part-time personnel to focus on program

Community Early Childhood Council Funding:

- Working well

First Steps: Kentucky's Early Intervention System:

- Extend – go to age 5
- Transition and follow-up is needed after leaving program

Other:

- Training for child care workers before they enter the field

- Preschool for all
- Better pay for child care providers
- Non-traditional child care hours
- Transitions from programs are not smooth – parents lacking information about where to go next.
- Turnover rate in child care – still high – better pay, insurance, etc.
- Training for child care workers at night and on weekends – not during working hours – more teacher friendly.
- Insurance for child care providers
- Children with special needs – more training for teachers, assuring access to quality centers
- Need to look at registered providers – make sure they are meeting minimum standards – receive training, etc.

Additional Comments:

- Public Awareness is lacking about the KIDS NOW initiative in general
- More collaboration between programs throughout the state – need to share information, be aware of what others are doing and share this information with parents.
- Need to educate pediatricians/ family doctors about initiative – more education about child development in general, what services are out there for families, recognizing children with special needs, making referrals, etc.
- Transition between programs not smooth – need more information for parents, more communication between programs
- Health care and insurance issues – suggestions made to work with state insurance plan and to work with business to get on their health care plans.
- Work with local business for funding, insurance, training, etc.
- Resource book for parents and providers – list of what is out there and how to access

Compilation of Comments from Community Obesity Forums

Throughout the month of August 2004, nine community forums were held as part of Governor Ernie Fletcher's Get Healthy Kentucky!; Initiative to gauge community support to fight obesity and solicit input on how best to address barriers to good health. Forums were held in Lexington, Hazard, Owensboro, Bowling Green, Louisville, Somerset, Ashland, Newport and Paducah. Approximately 1,300 people attended the nine forums.

The forums followed the release of the Kentucky Obesity Epidemic 2004 report. The report categorizes obesity as an epidemic and revealed that medical costs for treatment of obesity-related health conditions were more than $1.1 billion for Kentucky last year. Copies may be obtained on the website www.fitky.org

About 64 % of adults and one in three children in Kentucky are currently affected by,

at-risk for obesity, or overweight, making this epidemic a serious public health issue. Obesity is the second leading cause of preventable death in Kentucky and is closing in quickly on the number-one killer, smoking.

The workshop-style forums consisted of small-group sessions in which participants listed all the things that currently are being done in their communities and what they'd like to see done to encourage breastfeeding, consumption of fruits and vegetables, physical activity, parental involvement, other dietary changes, and to decrease television and computer time.

Among the recommendations cited most frequently by forum participants were: making daily physical education and physical activity mandatory for all K-12 students; offering healthy food choices in school vending machines; and providing more affordable, accessible, family-friendly opportunities for physical activity in local communities. Dr. James Holsinger, Secretary for the Cabinet for Health and Family Services said, "Information gleaned from the regional forums will be used to craft an action plan to guide the state's campaign to reduce the rate of obesity and encourage Kentuckians to adopt healthy eating and exercise habits.

Forum participants raised a variety of issues, many of which echoed similar themes, while others reflected the state's environmental, cultural, social, economic and community diversity. For instance, where unsafe neighborhoods are a barrier to physical activity in one region, the lack of sidewalks and bike trails is a barrier in another.

Obesity is the first focus issue to be addressed as part of Governor Fletcher's Get Healthy Kentucky! Initiative. Others health issues to be addressed throughout his administration include use and abuse of tobacco, alcohol and drugs, immunizations, dental care, regular, ongoing primary care and healthy babies.

MCH Needs Assessment Survey

An information survey was developed and distributed as part of the participant packet at the Public Health Education Summit held in Lexington in October 2004. It was also provided to participants and members of several maternal and child health advisory and workgroups meetings after a brief presentation of the Title V Maternal and Child Health Block grant and through a mailing to local health department health care professionals and through a mass mailing to local health department nursing and administrative directors and health officers; university and private partners and other maternal and child health interested parties. (A copy follows on the next pages).

Kentucky Maternal and Child Health
Needs Assessment Questionnaire

Every 5 years the Maternal and Child Health Bureau requires that State grantees complete a needs assessment that is used to determine a State's 7 to 10 State Performance Measures. These State Performance Measures allow each State to set and measure progress toward goals that are specific to each State. The Division of Adult and Child Health Improvement, Department for Public Health is seeking input from various interested groups, as part of this needs assessment process. Once all the input is received and the priorities finalized, strategies will be determined to meet the State Performance Measures and the needed data sources will be identified Division of Adult and Child Health to measure our progress over the next 5 years. The State Performance Measures must be approved through the Maternal and Child Health Bureau. We are seeking your input during this Needs Assessment process. The Title V Needs Assessment identifies the need for:

> Preventive and Primary Care Services for Pregnant Women, Mothers and Infants up to one year;
>
> Preventive and Primary Care Services for Children;
>
> Family-Centered, Community-Based Services for Children with Special Health Care Needs and their Families.

We hope that you will take the next few minutes to complete the following survey.

Please answer the following questions

1. County _____
2. Job title_____
3. Age: _____ 4. Gender (please circle the correct response): Male / Female
5. Race_____
6. What is the *most important* health care problem for women, infants and children?
   _____
   _____
   _____

7. On a scale of 1 to 10, with 1 being very important and 10 being not very important, please rate the importance of the following health issues/services for women, infants and children:

Health Issues/Services	**Scale 1 to 10 (1 very important; 10 not very important)**
Abstinence education	
Asthma	
Breast and cervical cancer screening	
Family planning	
Immunizations	
Domestic Violence/Sexual Assault	
Nutritional services	
Prenatal care services	
Smoking cessation	
Preventive Health Services for Children (Well Child Services)	
Childhood Lead Poisoning Prevention, Screening and Services	
Newborn Screening	
Community-based Child Fatality Review	
Substance abuse education/services	
WIC	
HIV/AIDS	
Child Safety Education and Injury Prevention	
Obesity	
Sexually Transmitted Diseases	
Diabetes	
Folic Acid Supplements	
Dental Health/Oral Health	
Family Support/Parenting Assistance through Home Visiting (HANDS)	
Other (please specify)	

8. How does your county compare to other counties in the state in regard to maternal and child health status? Please give examples.

9. How does your county compare to other counties in the state in regard to maternal and child health services? Please give examples.

10. Identify current programs and resources in your county addressing maternal and child health issues.

11. What gaps exist between needs and available resources?

12. What do you consider to be the most important maternal and child health *program* or *service* that is provided by local health departments?

13. What are the barriers to care for women, infants and children?

14. Are there any barriers to care for special populations
(Examples: race, deaf or hard of hearing, migrant workers)?

□ Yes
Please list populations and the barriers _____
_____
_____
□ No

15. Do you believe that the health of women, infant and children is improving?
- □ I strongly agree
- □ I agree
- □ I neither agree nor disagree
- □ I disagree
- □ I strongly disagree

16. How do you evaluate improvement? _____

17. What can we do to improve the health of women, infants and children in Kentucky?

18. Comments/suggestions about this needs assessment?

Please return completed surveys to: Gwen Cobb, Department for Public Health, Maternal and Child Health Branch, 275 East Main Street, Mail Stop HS 2 WA, Frankfort, KY 40621, Phone (502) 564-2154, ext 3771 Fax (502) 564-8389, gwen.cobb@ky.gov

Kentucky Maternal and Child Health Needs Assessment
Stakeholder Survey Results

The survey was implemented as a paper and pencil instrument. A total of 103 questionnaires were completed.

Demographics:

- 46% of the respondents were nurses, 14% directors/managers, 9% were doctors, 6% were environmentalists/sanitarians, and 4% were health educators
- 84% of the respondents were female, 10% were male, and 6% were missing
- 94% of the respondents were white, 3% were black, and 2% were other
- The ages of the stakeholders ranged from 26 - 68 years old
    - 4% of the cases were 26 - 29 years of age
    - 21% were 30 - 39 years of age
    - 30% were 40 - 49 years of age
    - 33% were 50 - 59 years of age, and
    - 7% were 60 - 68 years of age
-

Summary of Findings:

- Obesity (14%), access to care (8%) and the drug problem (7%) were the three most important health care *problems* identified for women, infant and children
    - Other issues of importance included teenage pregnancy and sexual activity, nutrition , smoking, prenatal care, and lack of availability of good quality health care

- WIC (28%) was identified as the most important maternal and child health *program* or *service* that is provided by local health departments
    - Other important program or services reported were: immunizations, family planning, HANDS, Well Child Services and prenatal care

- The five most important health issues/services rated for women, infant and children in the respondents county were immunizations, family planning, breast and cervical cancer screening, WIC, and Well Child Services

- The five least important health issues/services rated for women, infant and children in the respondents county were child fatality review, asthma, HIV/AIDS, domestic violence/sexual assault, and Childhood Lead Poisoning Prevention, Screening and Services

A final meeting of the MCH Steering Committee was held March 1, 2005. Gwen Cobb, Title V Administrator and Tracey Jewell, MCH Epidemiologist, provided a brief review of the committee's responsibility and the latest data information. Materials were also provided in a participant packet and included:

- National and State Title V Performance Measures and the latest data regarding the performance measures
- Review of the committee's previous meeting results
- A summary of the survey results
- A copy of the Kentucky Obesity Epidemic 2004 report
- Review of the current data sources

The committee was again divided into small groups to discuss the information presented and list potential 5 to 10 performance measures that were later presented to the Committee as a whole. Members were then asked to rank from the provided lists.

Kentucky's state selected performance measures for 2006 – 2010 (please see below) and several MCH program-specific plans and interventions discussed throughout the grant application were derived from the Steering Committee's recommendations.

2006-2010 Kentucky State Performance Measures

1. **Reduce the rate of substantiated incidence of child abuse, neglect or dependency (currently state performance measure #3).**

2. **Reduce the percent of children with inappropriate weight for height (currently state performance measure #5).**

3. **Percentage of Medicaid enrolled members ages 0-21 who were continuously enrolled during the reporting year and who had at least one dental visit during the reporting year (currently state performance measure #9).**

4. **Decrease the death rate for children age 0-18 due to unintentional injury (and/or) violence.**

5. **Decrease the rate of Birth Defect Specific Infant Mortality in Kentucky.**

6. **Reduce the percentage of women who smoke during pregnancy.**

7. **Percentage of women of childbearing age who receive preconceptual care in local health departments.**

8. **Reduce the percentage of live births that are preterm.**